

ADVISORY COUNCIL ON ALZHEIMER'S RESEARCH, CARE, AND SERVICES

SUMMARY OF MEETING

February 9, 2026

The Advisory Council on Alzheimer's Research, Care, and Services was convened for its first meeting of the year at 10:00 a.m. Eastern Standard Time in Washington, D.C., and virtually. HHS introduced and swore in a new slate of Advisory Council members. Michelle Branham, Advisory Council Chair, welcomed meeting attendees and reviewed the meeting agenda. The meeting was open to the public.

Advisory Council Members Present

- *Non-Federal Members:* Michelle Branham (Chair); Kathryn Newkirk (Vice-Chair); Randall Bateman; John D. Couris; Samuel S. Giles; Ricardo A. Hanel; James S. Hartsell; Michael Mayo; Kristi Putnam; Gina Waterhouse; Steve Waterhouse; Jonathan Weiss
- *Federal Members:* Erin Long, Administration for Community Living (ACL); Kevin Chaney, Agency for Healthcare Research and Quality (AHRQ); Helen Lamont, Office of the Assistant Secretary for Planning and Evaluation (ASPE); Maria-Theresa Okafor (ASPE); Fleetwood Loustalot, Centers for Disease Control and Prevention (CDC); Shari Ling, Centers for Medicare & Medicaid Services (CMS); Andy Mao, Department of Justice (DOJ); Melissa Miller, Department of War (DOW); Michael Butkovitch, Federal Emergency Management Agency (FEMA); Joan Weiss, Health Resources and Services Administration (HRSA); Jolie Crowder, Indian Health Service (IHS); Richard Hodes, National Institutes of Health (NIH); Rebecca J. Ferrell, National Science Foundation (NSF); Robert Weathers, Social Security Administration (SSA)
- *Quorum present?* Yes
- *Advisory Council Designated Federal Officer:* Maria-Theresa Okafor (ASPE)

Other Federal Representatives Present: Mary Lazare (ACL); Roger D. Klein (AHRQ); Cynthia Goss (ASPE); Valentina Mantua, Food and Drug Administration (FDA); Christian Burks, Government Accountability Office (GAO); Benjamin Feldman (GAO); Hanna Marston Minter (GAO); Jill Beaver, National Institute on Aging (NIA); Kenneth Santora (NIA); Nina Silverberg (NIA); Amy Bany Adams, NIH/National Institute of Neurological Disorders and Stroke (NINDS); Alynda Wood (NIH/NINDS); Stephanie E. Haridopolos, Office of the U.S. Surgeon General (OSG); Michael Goldstein (SSA)

General Proceedings

For detailed information, please visit the [February 9, 2026 Advisory Council](#) presentation slides.

[National Alzheimer's Project Act \(NAPA\) Overview](#)

Helen Lamont (ASPE) provided an overview of NAPA, including a history of NAPA and a summary of the Advisory Council's purpose, structure, and goals.

Introduction of New Federal Agency Partners

Andy Mao, DOJ) described how DOJ coordinates with state and local law enforcement and prosecutors to combat elder abuse, neglect, financial exploitation, and fraud. DOJ has developed a forensic interview training to improve interactions with older adults, including those living with Alzheimer's disease and related dementias (ARD), and is planning an upcoming training for Elder Justice coordinators on the aging brain and best practices for interviewing older adults.

Michael Butkovitch (FEMA) explained that FEMA's Office of Disability Integration and Coordination ensures compliance with federal civil rights laws and disability statutes, ensuring access for people living with Alzheimer's disease and their caregivers. FEMA provides disaster preparedness training for caregivers and first responders, and collaborates with CDC, ACL, state offices of aging, and memory care facilities to best support older adults.

Robert Weathers and Michael Goldstein (SSA) described how SSA supports NAPA through policy, engagement with medical experts, and collaboration with advocates. SSA's definition of adult disability and criteria and evaluations related to Alzheimer's disease require an individual to have significant cognitive decline and marked or extreme limitations in mental functioning. SSA's Compassionate Allowances initiative expedites disability determinations for serious conditions, including Alzheimer's disease.

[Federal Agency Roles and Progress: Part 1](#)

Richard J. Hodes and Amy Bany Adams (NIH) described the NIH's research portfolio.

- Since 2016, Congress has required NIH to release an Alzheimer's and Related Dementias Professional Judgement Budget estimating the additional funding needed to advance the goals of the National Plan to Address Alzheimer's Disease.
- NINDS research shows that only a subset of patients living with dementia exhibit Alzheimer's disease pathology. NINDS is trying to develop biomarkers to

understand pathology combinations and how the treatments affect specific pathologies.

- NIH will host the 2026 Dementia Care and Caregiving Research Summit virtually on March 17-19, 2026. Registration can be found at: [2026 Dementia Care and Caregiving Research Summit | National Institute on Aging](#)

Valentina Mantua (FDA) described the FDA's role in supporting NAPA.

- FDA advances the development and ensures safety and efficacy of all ADRD products, including diagnostics and treatments.
- In 2025, FDA approved blood-based testing, which allows for earlier, more accessible detection compared to PET/CSF-only testing.
- In 2023 and 2024, FDA approved two therapies that have demonstrated clinical benefit in early symptomatic Alzheimer's disease, and expanded testing to better identify candidates for these therapies.

Rebecca J. Ferrell (NSF) described NSF's role and major initiatives.

- NSF supports science and engineering across all U.S. states and territories. Its mission is fulfilled primarily through grantmaking within four areas: artificial intelligence, quantum revolution, biotechnology, and STEM workforce.
- Since 2012, NSF has funded approximately \$200 million in ADRD research. This research includes understanding disease pathology and brain physiology, advancing diagnostics and treatments, and improving quality of life.

Melissa Miller (DOW) shared information on the [Congressionally Directed Medical Research Programs' \(CDMRP\) Alzheimer's Research Program](#).

- CDMRP's Alzheimer's Research Program has received \$228 million in appropriations to date and aims to mitigate the impact of ADRD associated with traumatic brain injury and military service.
- The Alzheimer's Research Program aims to understand differences in disease burden and outcomes, increase research capacity, improve quality of life for people living with dementia, increase early and accurate diagnosis and prognosis, and understand ADRD risk factors.
- CDRMP-funded research includes programs to reduce caregiver burden, develop an at-home test to determine disease progression, assess dementia risk in veterans, and examine variation in ADRD risk across populations.

Shari Ling (CMS) discussed Medicare services and programs designed for older adults and people living with dementia.

- More than 80 percent of Medicare beneficiaries are over age 65, though some qualify due to disability or other health status. Many beneficiaries living with ADRD also have other chronic conditions.
- Medicare covers Cognitive Assessment and Care Planning, which supports assessments, care plan development, and caregiver needs.
- CMS developed quality measures to monitor and improve care quality through increased evaluation and assessment, follow-up and care planning, and caregiver education.
- In 2024, CMS launched the GUIDE (Guiding an Improved Dementia Experience) Model to test whether care coordination, caregiver support and education, and respite services can improve quality of life for people living with dementia and their caregivers.

Federal Agency Roles and Progress: Part 2

Erin Long (ACL) described ACL's role in supporting older adults and people living with disabilities.

- ACL's Alzheimer's Disease Programs Initiative (ADPI) improves and expands strengths-based, person-centered care, supports caregivers, and delivers dementia-specific evidence-based and evidence-informed interventions.
- ACL's State and Community Dementia Grants have led to sustainable programs – 98 percent of grantees sustained all or some activities, and 85 percent of sustained activities were still being delivered one to eight years later.
- NADRC has an [upcoming webinar](#) on the increasing need for dementia care and support for people living with intellectual and developmental disabilities.

Joan Weiss (HRSA) outlined relevant HRSA programs and strategies.

- HRSA's Workforce Program aims to improve access to care, align workforce supply with demand, and improve workforce distribution, and workforce and care quality.
- HRSA's Geriatrics Workforce Enhancement Program (GWEP) trains healthcare and supportive care workforces to care for older adults, transforming clinical training sites into integrated, age-friendly and dementia-friendly systems.
- In academic years 2021-2022 through 2023-2024, HRSA's workforce programs developed or enhanced 2,062 academic didactic and clinical courses on ADRD.

- HRSA's Geriatrics Academic Career Awards (GACA) program supports junior faculty pursuing careers as academic geriatricians and geriatrics specialists.

Fleetwood Loustalot (CDC) presented relevant CDC activities.

- CDC's Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Program recipients raise ADRD awareness, promote prevention, and address factors that influence health outcomes.
- CDC's National Healthy Brain Initiative developed a roadmap to guide efforts to promote brain health.
- CDC funds Public Health Centers of Excellence to identify, disseminate, and promote best practices in dementia risk reduction, early detection and management, and dementia caregiving.
- CDC and the Alzheimer's Association lead learning collaboratives for local and tribal health departments to learn about dementia risk reduction and holding community convenings.
- Updated 2025 surveillance data on caregivers and cognitive decline will be released soon.

Federal Agency Roles and Progress: Part 3

Jolie Crowder (IHS) provided an overview of IHS and updates for the IHS Alzheimer's program.

- IHS is the 18th largest health system in the U.S., providing primary care and prevention to approximately 2.8 million American Indian and Alaska Native people.
- Cultural context is important to IHS' work, recognizing the uniqueness of each tribe and the important role of elders in tribal communities.
- IHS' Alzheimer's Program was developed with input from tribal and urban Indian leadership and aims to work alongside the communities they serve.
- IHS will host a summit on Alzheimer's and Elder Care on March 10-12, 2026, in Denver, Colorado.

Kevin Chaney (AHRQ) shared an overview of AHRQ and its recent work in support of ADRD.

- AHRQ conducts and supports research on patient safety, health outcomes, and health care quality.
- AHRQ supports person-centered care for people living with multiple chronic conditions, including dementia. The ACTION IV Network identified practical strategies to integrate person-centered care into clinical practice.

- AHRQ supports research and dissemination of digital health innovations such as telehealth and tools for clinical decision making, and research to understand physiological variation in adults living with ADRD.
- AHRQ is updating clinical guidelines for adults living with Down syndrome and ADRD.

Helen Lamont (ASPE) described ASPE’s approach to conducting research and supporting policy.

- ASPE studies, tracks, and analyzes policy issues in behavioral health, disability, aging, and long-term services and supports to provide expertise and key considerations to policymakers.

Innovation in Alzheimer’s disease interventions

Randall Bateman, M.D.: “Ten Years of Transformative Progress in Alzheimer’s Dementia Research: From DIAN Insights to AI-Powered Discovery: Alzheimer’s Prevention, Aging, and Artificial Intelligence”

- Two NIH-funded studies (the Dominantly Inherited Alzheimer Network Observational [DIAN-Obs] and Trials Unit [DIAN-TU] studies) focus on people living with an inherited early-onset type of Alzheimer’s disease. The disease’s strong genetic component helps researchers monitor how Alzheimer’s markers change over time, even before disease onset.
- Advances in blood testing have helped doctors identify amyloid plaques with 90-95 percent accuracy, and accurately identify tau tangles, which were previously only testable through a PET scan at time of death.
- New anti-amyloid drugs have slowed disease progression. In DIAN-TU prevention trials, people treated with gantenerumab for 10 years had delayed symptom onset and a 50 percent reduction in the risk of disease progression. A follow up study started in 2024 to understand the long-term efficacy and safety of removing amyloid plaques with an FDA-approved therapy.
- The Consortium for Biomedical Research and Artificial Intelligence in Neurodegeneration (C-brAIIn) is developing AI systems to analyze the large quantities of ADRD data, bringing together a group of researchers, industry, academia, and AI leaders. Visit c-brain.org for more information.

Mark Toland, CEO, MMI: “Robotic Surgical Procedure to Address Alzheimer’s”

- The lymphatic system promotes recovery in our bodies. The lymphatic system was discovered to be in the brain only 10 years ago. Research on whether the lymphatic system cleans the brain is limited, but optimistic.
- MMI is developing a surgery on the lymphatic system. Early data from clinical trials shows that these surgeries may be improving patients living with Alzheimer’s’ symptoms from moderate to mild, which allows them to be treated with a drug therapy regimen.
- FDA granted an early feasibility trial to MMI to test this surgery in the U.S. MMI is currently looking to secure funding for the early feasibility trial, which costs approximately \$75,000 per patient.

National Plan to Address Alzheimer's Disease

Helen Lamont and Maria-Theresa Okafor (ASPE): “Approach to Updating National Plan for 2026-2035”

- The first goal of the current National Plan to Address Alzheimer's Disease is to prevent and effectively treat Alzheimer's disease by 2025. Rather than just change the year of this goal to 2035, ASPE wants to build a new goal and approach for 2035.
- In 2026, ASPE will release a new National Plan to Address Alzheimer's Disease that sets the vision for the next decade, incorporates input from the advisory council, other stakeholders, and the general public, and updates goals, and reflects what stakeholders want from the federal government.

Advisory Council Discussion

- **Jonathan Weiss** highlighted the rapid innovation during the COVID-19 pandemic as a model for Alzheimer’s disease. He questioned why major research investments have yielded limited patient impact, and urged accelerating innovation, particularly by examining the FDA’s role in speeding treatment delivery. He later recommended incorporating strategies to de-risk innovation and clarify evidence thresholds for action.
- **John Couris** praised the strength of federal staff and resources, suggesting the group could serve as a model advisory body with stronger communication and cross-sector coordination, supported by ambitious, measurable goals to sustain momentum on ADRD.
- **Michelle Branham** emphasized carefully capturing members’ input and partnering with staff to set clear goals, and noted strong engagement from federal leadership, including the HHS Secretary.

- **Steve Waterhouse** reflected on the early hope symbolized by Gina Waterhouse’s “first survivor of Alzheimer’s” cape, and expressed renewed hope that, given recent progress, a survivor may be within reach.
- **Michael Mayo** highlighted the importance of educating families and supporting caregivers, noting that empowering individuals locally strengthens entire communities.
- **Ricardo Hanel** stressed the urgent unmet clinical need and the importance of improving systems to move faster and better serve patients and families.
- **Kristi Putnam** underscored the need for stronger federal, state, and local coordination, noting that fragmented funding streams complicate efforts to meet people’s holistic needs.

Public Comment

- **Dr. Lisa McGuire (Gerontological Society of America)** highlighted GSA’s multidisciplinary leadership in aging research and policy, including the KAER Brain Health Toolkit. She emphasized the importance of coordinated, person-centered federal efforts through the NAPA Advisory Council.
- **Sean Feely (National Down Syndrome Society)** noted the significantly higher Alzheimer’s risk in people living with Down syndrome. He urged continued intentional inclusion of the Down syndrome population in research and policy.
- **Diana Zuckerman (National Center for Health Research)** supported CMS’s Medicare coverage requirements for anti-amyloid drugs, stressing the need for transparent data on risks and benefits, and raised concerns about antipsychotic drug overuse in dementia care.
- **Matthew Janicki (National Task Group on Intellectual Disabilities and Dementia Practices)** called for improved diagnostic capacity and inclusive research designs for people living with Down syndrome and intellectual disabilities, and better coordination across aging and disability systems.
- **Ian Kremer (LEAD Coalition)** emphasized risk reduction and quality of life, encouraging empowerment of those with or at risk for dementia, stronger public-private collaboration, and building on prior Council progress.
- **Laura Kohn (Eli Lilly)** highlighted Lilly’s commitment to Alzheimer’s research and the importance of early detection and diagnosis, expressing interest in advancing earlier treatment and care planning.
- **Dr. Neil Henderson (Choctaw Nation)** discussed biological and cultural dimensions of dementia in First American communities, stressing culturally

informed approaches, caregiver preparation, and attention to social determinants of health.

- **Ansel Dow, (Durham, NC)** raised the unique challenges of familial genetic frontotemporal dementia (FTD), particularly when caregivers may also carry the gene, and urged recognition of the value of people with familial genetic FTD in broader research.
- **Megan Dicken (International Association for Indigenous Aging)** pointed to higher ADRD rates, later diagnoses, and limited specialty access in AI/AN communities, urging sustained CDC funding and explicit tribal inclusion in the 2026 National Plan.
- **Matthew Sharp (The Association for Frontotemporal Degeneration)** noted FTD as the most common dementia under age 60, often underrecognized and diagnosed late, and urged FTD's inclusion as blood-based biomarkers enter clinical practice.
- **Jadine Ransdall (Family and Disability Advocate)** shared concerns about both over- and under-diagnosis of Alzheimer's in people living with Down syndrome, calling for tailored diagnostics, better provider training, stronger state coordination, and caregiver support.
- **Karen Gaffney (Karen Gaffney Foundation)** spoke about the high risk of early-onset Alzheimer's in the Down syndrome community. She called for immediate action, including access to clinical trials and early treatment before symptom onset.
- **Terri Walters (The Association for Frontotemporal Degeneration)** urged explicitly naming FTD rather than labeling it a related disorder and called for unified action to combat neurological brain diseases.

Concluding Remarks

Michelle Branham, Advisory Council Chair, thanked meeting attendees for their participation and adjourned the meeting at 5:15pm.